

OUTSTANDING TRANSITION SERVICES

This award goes to an individual or organization (public or private) in recognition of extraordinary contributions to developing and providing a program to assist students with disabilities as they transition from school to adult life. Nominees should have contributions spanning 5 or more years.

Two (2) letters of support must be included with this nomination. Letters of support must be from persons other than the nominator.

NOMINEE'S NAME: _____
(Individual or Organization)

NOMINEE'S ADDRESS: _____
Address City Zip

NOMINEE'S PHONE: _____ EMAIL: _____

NOMINATION SUBMITTED BY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NUMBER OF TRANSITION STUDENTS IMPACTED ANNUALLY: _____

1. Provide a brief biographical summary of the nominee.

(Continue on back)

2. Describe the nominee's experience with developing or providing transition services for students with disabilities as they transition from secondary school to their career and/or adult services. Include the number of transition students impacted, number of years, and/or any available outcomes.
3. Describe a specific example of the nominee's contribution that led to a positive transition experience.
4. Explain why you feel this nominee is deserving of this award?
5. Include two (2) letters of support from persons other than the nominator. Additional items included with the nomination (i.e., newspaper clippings, magazine articles) must not exceed seven (7) pages total; all copies must be on 8 1/2 X 11" paper.